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Practitioner's Docket No. 00209-US-NEW6

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

JCS 511 U.S. PTO  
09/585817  
06/01/00

NEW UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): SCHENK, Dale B.  
For (title): Prevention and Treatment of Amyloidogenic Disease

1. Type of Application

This transmittal is for an original (nonprovisional) utility application for U.S. Patent.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

**141 Pages** TOTAL of Application, including:

117 Pages of Specification  
7 Pages of Claims  
1 Page of abstract  
16 Pages of Drawings

B. Other Papers Enclosed

3. Declaration or Oath: Enclosed (unsigned)

**CERTIFICATION UNDER 37 C.F.R. 1.10**

I hereby certify that this correspondence and the documents referred to as attached therein are being deposited with the United States Postal Service on this date June 1, 2000, in an envelope as "Express Mail Post Office to Addressee," mailing Label Number EL270711714US, addressed to the: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

CAROL A. STRATFORD  
(type or print name of person mailing paper)

C. A. STRATFORD  
Signature of person mailing paper

4. **Inventorship Statement:** The inventorship for all the claims in this application is the same.

5. **Language:** English

6. **Fee Calculation (37 C.F.R. 1.16)**

Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$760.00
Total Claims (37 CFR 1.16(c))	57	- 20 =	37 x	\$18.00	\$ 666.00
Independent Claims (37 CFR 1.16(b))	5	- 3 =	2 x	\$78.00	\$ 156.00
Multiple Dependent Claim(s), if any (37 CFR 1.16(d))			+	\$260.00	\$ 260.00
Total Filing Fee:					\$ 1,842.00

7. **Fee Payment**

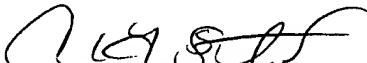
Filing Fee enclosed. The Commissioner is hereby authorized to charge the filing fee to Deposit Account No. 01-2707. A duplicate of this paper is enclosed.

8. **Authorization to Charge Additional Fees**

The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 01-2707.

37 C.F.R. 1.17(a)(1)-(5) (extension fees pursuant to § 1.136(a))  
Any deficiencies in the above filing fee.

9. **Instructions as to Overpayment:** Credit Account No. 01-2707.



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**SIGNATURE OF PRACTITIONER**

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